



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(s): Carmen, et al

SERIAL NO.: 10/081,273 ART UNIT: 3764

FILING DATE: January 7, 2002 EXAMINER: Houng Q. Pham

TITLE: MULTIPLE USE HANDLE SUPPORT FOR DISTRIBUTING FORCES

ATTORNEY

DOCKET NO.: 843P010811-US (PAR)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

I. INTRODUCTION

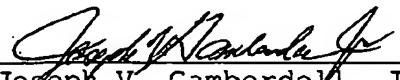
This is in response to the Office Action mailed January 26, 2005 in regard to the above-identified patent application. Reconsideration of the rejection of the claims is respectfully solicited in light of the following amendment and remarks.

Please amend the Application as follows:

novel and patentable over the prior art of record, and are in proper form for allowance. Accordingly, favorable reconsideration and allowance is respectfully requested. Should any unresolved issues remain, the Examiner is invited to call Applicants' attorney at the telephone number indicated below.

The Commissioner is hereby authorized to charge payment for any fees associated with this communication or credit any over payment to Deposit Account No. 16-1350.

Respectfully submitted,


Joseph V. Gamberdelli, Jr.
Reg. No. 44,695

25 April 2005
Date

Perman & Green, LLP
425 Post Road
Fairfield, CT 06824
(203) 259-1800
Customer No.: 2512

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date indicated below as first class mail in an envelope addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 25, 2005

Signature: Shannon D'Amico
Person Making Deposit

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

843PO 10811-U (PAR)

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------------|--------------------------|
| TOTAL CLAIMS | 44 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 44 minus 20 = * 24 | |
| INDEPENDENT CLAIMS | 3 minus 3 = * 0 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

| RATE | FEES |
|-----------|--------|
| BASIC FEE | 740.00 |
| X\$18= | |
| X84= | |
| +280= | |
| OR TOTAL | |

CLAIMS AS AMENDED - PART II

| AMENDMENT A | (Column 1) | | (Column 2) | | (Column 3) |
|--|---|-------|---|--------------------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| Total | * 39 | Minus | ** 44 | = | — |
| Independent | * 4 | Minus | *** 3 | = | 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> | |

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDT. FEE | |

| AMENDMENT B | (Column 1) | | (Column 2) | | (Column 3) |
|--|---|-------|---|--------------------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| Total | * 0 | Minus | ** 0 | = | — |
| Independent | * 0 | Minus | *** 0 | = | — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDT. FEE | |

| AMENDMENT C | (Column 1) | | (Column 2) | | (Column 3) |
|--|---|-------|---|--------------------------|------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| Total | * 0 | Minus | ** 0 | = | — |
| Independent | * 0 | Minus | *** 0 | = | — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

| RATE | ADDI- TIONAL FEE |
|--------------------|------------------------|
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL ADDT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.